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FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

	For Other Than An Auti	Torized Committee	Office Use Only
NAME OF COMMITTEE (in full)	TYPE OR PRINT ▼	Example: If typing, type over the lines.	12FE4M5
Healthcare Freedom F	Fund		
ADDRESS (number and street)	PO Box 2485		
▼ Check if different			
than previously reported. (ACC)	Springfield		VA 22152 - - -
2. FEC IDENTIFICATION N	UMBER ▼ CIT	YA	STATE ▲ ZIP CODE ▲
C C00528414		S THIS NEW (N) OF	AMENDED (A)
4. TYPE OF REPORT (Choose One)	(b) Monthly Feb Report Due On:	20 (M2) May 20 (M	(Non-Election Year Only)
(a) Quarterly Reports:	Mar	20 (M3) Jun 20 (M	(Non-Election Year Only)
April 15 Quarterly Report (20 (M4) Jul 20 (M7	Oct 20 (M10) Jan 31 (YE)
July 15 Quarterly Report (O2) PRE-Election	Primary (12P)	General (12G) Runoff (12R)
October 15 Quarterly Report (Report for the:	Convention (12C)	Special (12S)
January 31 Year-End Report (YE) Election	n on	in the State of
July 31 Mid-Year Report (Non-election Year Only) (MY)	POST-Election Report for the:	General (30G)	Runoff (30R) Special (30S)
Termination Report (TER)	t Electio	n on /	in the State of
5. Covering Period 0		through 12	M / D D / Y Y Y Y Y Y 31 2017
I certify that I have examined t	his Report and to the best of Grandy, Joe, , ,	my knowledge and belief it is	true, correct and complete.
Type or Print Name of Treasure			
Signature of Treasurer Gra	ndy, Joe, , ,	[Electronically Filed]	Date 01 31 / 2018
NOTE: Submission of false, error	neous, or incomplete information	n may subject the person signing	g this Report to the penalties of 52 U.S.C. § 30109
Office Use			FEC FORM 3X Rev. 05/2016

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

	FEC Form 3X (Rev. 05/2016)	OF RECEIPTS AND DISBURSEMENTS	Page 2
	or Type Committee Name althcare Freedom Fund		
	rt Covering the Period: From:	07 01 2017 To	o: 12 / 31 / 2017
		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a)	Cash on Hand January 1, 2017		78372.08
(b)	Cash on Hand at Beginning of Reporting Period	26844.87	
(c)	Total Receipts (from Line 19)	73550.00	259800.00
(d)	Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	100394.87	338172.08
7. To	tal Disbursements (from Line 31)	94165.71	331942.92
Re	ash on Hand at Close of eporting Period subtract Line 7 from Line 6(d))	6229.16	6229.16
the	ebts and Obligations Owed TO e Committee (Itemize all on shedule C and/or Schedule D)	0.00	
the	ebts and Obligations Owed BY e Committee (Itemize all on chedule C and/or Schedule D)	0.00	
	This committee has qualified as a mult	icandidate committee. (see FEC FORM 1M)	
		For further information contact:	
		Federal Election Commission 999 E Street, NW Washington, DC 20463	
		Toll Free 800-424-9530 Local 202-694-1100	

DETAILED SUMMARY PAGE

of Receipts

Page 3 FEC Form 3X (Rev. 05/2016)

	Vrite	or	Type	Committee	Name
--	-------	----	------	-----------	------

L	lealth	cara	France	moh	Fur	h
Г	теанн	care	riee	ш	гui	ĸ

eport Covering the Period: From:	01 2017 To	: 12 / 31 / Y Y Y Y 17 12 12 13 1				
I. Receipts	I. Receipts COLUMN A Total This Period					
Contributions (other than loans) From: (a) Individuals/Persons Other						
(a) Individuals/Persons Other Than Political Committees						
(i) Itemized (use Schedule A)	7000.00	7250.00				
(ii) Unitemized	50.00	50.00				
(iii) TOTAL (add Lines 11(a)(i) and (ii)▶	7050.00	7300.00				
	0.00	0.00				
(b) Political Party Committees	4 4	7 7				
(such as PACs)	66500.00	252500.00				
(d) Total Contributions (add Lines		4 4				
11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	73550.00	259800.00				
Transfers From Affiliated/Other	3 3	4 4				
Party Committees	0.00	0.00				
All Loans Received	0.00	0.00				
Less Bergers de Bresterd	0.00	0.00				
Loan Repayments Received Offsets To Operating Expenditures	0.00	0.00				
(Refunds, Rebates, etc.)						
(Carry Totals to Line 37, page 5)	0.00	0.00				
Refunds of Contributions Made	45 45 45	49. 49. 45.				
to Federal Candidates and Other						
Political Committees	0.00	0.00				
Other Federal Receipts	4 4	4 4				
(Dividends, Interest, etc.)	0.00	0.00				
Transfers from Non-Federal and Levin Funds	4 4	4 4				
(a) Non-Federal Account						
(from Schedule H3)	0.00	0.00				
(b) Levin Funds (from Schedule H5)	0.00	0.00				
(c) Total Transfers (add 18(a) and 18(b))	0.00	0.00				
(5, 1544 114151515 (444 15(4) 4114 15(5))	0.00	0.00				
Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	73550.00	259800.00				
,, ., ., ., ., ., ., ., ., .,	7 7000.00	45 45 45				
Total Federal Receipts (subtract Line 18(c) from Line 19)▶	73550.00	259800.00				

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date			
. Operating Expenditures: – (a) Allocated Federal/Non-Federal		Outondar Tour to Date			
Activity (from Schedule H4)	0.00	0.00			
(i) Federal Share	0.00	0.00			
(ii) Non-Federal Share	0.00	0.00			
(b) Other Federal Operating Expenditures	75765.71	133542.92			
(c) Total Operating Expenditures					
(add 21(a)(i), (a)(ii), and (b))▶	75765.71	133542.92			
. Transfers to Affiliated/Other Party Committees	0.00	0.00			
Contributions to Federal Candidates/Committees	4 4	40040000			
and Other Political Committees	18400.00	198400.00			
(use Schedule E)	0.00	0.00			
(52 U.S.C. § 30116(d)) (use Schedule F)	0.00	0.00			
(ass constant 1)	4 4	0.00			
. Loan Repayments Made	0.00	0.00			
Loans Made	0.00	0.00			
Refunds of Contributions To: (a) Individuals/Persons Other	4 4	4 4			
Than Political Committees	0.00	0.00			
(b) Political Party Committees	0.00	0.00			
(c) Other Political Committees (such as PACs)	0.00	0.00			
(d) Total Contribution Refunds		0.00			
(add Lines 28(a), (b), and (c))	0.00	0.00			
. Other Disbursements (Including					
Non-Federal Donations)	0.00	0.00			
Federal Election Activity (52 U.S.C. § 30101(20))				
(a) Allocated Federal Election Activity					
(from Schedule H6)					
(i) Federal Share	0.00	0.00			
(ii) "Levin" Share	0.00	0.00			
(b) Federal Election Activity Paid Entirely With Federal Funds	200	2.00			
(c) Total Federal Election Activity (add	0.00	0.00			
Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00			
Total Disbursements (add Lines 21(c), 22,					
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	94165.71	331942.92			
Total Federal Disbursements	7 7	4 1 4 1 4			
(subtract Line 21(a)(ii) and Line 30(a)(ii)					
from Line 31)	94165.71	331942.92			

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5 **COLUMN A** COLUMN B III. Net Contributions/ **Total This Period** Calendar Year-to-Date **Operating Expenditures** 33. Total Contributions (other than loans) 73550.00 259800.00 (from Line 11(d), page 3) 34. Total Contribution Refunds 0.00 0.00 (from Line 28(d))..... 35. Net Contributions (other than loans) 73550.00 259800.00 (subtract Line 34 from Line 33) 36. Total Federal Operating Expenditures 75765.71 133542.92 (add Line 21(a)(i) and Line 21(b))▶ 37. Offsets to Operating Expenditures 0.00 0.00 (from Line 15, page 3)..... 38. Net Operating Expenditures 75765.71 133542.92 (subtract Line 37 from Line 36)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

FOR LINE NUMBER: PAGE 6 OF Use separate schedule(s) (check only one) for each category of the **X** 11a 11b 11c 12

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Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Healthcare Freedom Fund Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Austin, Tani Dru, , , Date of Receipt Mailing Address 5563 Rustic Manor Drive 16 2017 City Zip Code State Transaction ID: SA11AI.5816 TX Brownsville 78526-4209 Amount of Each Receipt this Period FEC ID number of contributing C 1000.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Starkey Hearing Foundation Founder Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Dreyfus, Mark, , , Date of Receipt Mailing Address 5104 Oceanfront Avenue 10 19 2017 City State Zip Code Transaction ID: SA11AI.5817 VA Virginia Beach 23451 Amount of Each Receipt this Period FEC ID number of contributing 2500.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) **ECPI University** President Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 2500.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Gunas, Peter, J., , III Date of Receipt Mailing Address 2105 S. Randolph Street 30 2017 City State Zip Code Transaction ID: SA11AI.5789 VAArlington 22204 Amount of Each Receipt this Period FEC ID number of contributing C 500.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) **Investment Company Institute** Government Affairs Officer Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) 4000.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 7 7

SCHEDULE A (FEC Form 3X)

Use separate schedule(s)

FOR LINE NUMBER:						PAGE		7	OF	34
(check only one)										
	X	11a		11b		11c		12		
		13		14		15		16	,	17

ITEMIZED RECEIPTS for each category of the Detailed Summary Page Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Healthcare Freedom Fund Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Howard, Henry, B., , Date of Receipt Mailing Address 1200 Brickell Avenue Suite 310 2017 City State Zip Code Transaction ID: SA11AI.5829 FL Miami 33131 Amount of Each Receipt this Period FEC ID number of contributing C 1000.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) CEO US Education Finance Corp. Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Savary-Taylor, Mary, E., , Date of Receipt Mailing Address 409 McArthur Avenue NE 10 10 2017 City State Zip Code Transaction ID: SA11AI.5806 VA Vienna 22180-3563 Amount of Each Receipt this Period FEC ID number of contributing 1000.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) The Nickles Group LLC Partner Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 1000.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Schellhas, Robert, J., , Date of Receipt Mailing Address 2639 N. Roosevelt Street 30 2017 City Zip Code State Transaction ID: SA11AI.5791 VAArlington 22207 Amount of Each Receipt this Period FEC ID number of contributing C 1000.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Ernst & Young Gov. Relations Officer Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00 Other (specify)

SUBTOTAL of Receipts This Page (optional)		,	I	Ī	,	I	3000.00
OTAL This Period (last page this line number only)	_		_		-	Ξ	7000.00

SCHEDULE A (FEC Form 3X)	\	Г	FOR LINE NUMBER: PAGE 8 OF 34						
` `	,	Use separate schedule(s)	FOR LINE NUMBER: PAGE 8 OF 34 (check only one)						
TEMIZED RECEIPTS		for each category of the	11a 11b X 11c 12						
		Detailed Summary Page	13 14 15 16 17						
Any information copied from such Reports and or for commercial purposes, other than using the second commercial purposes.			erson for the purpose of soliciting contributions						
NAME OF COMMITTEE (In Full)									
Healthcare Freedom Fund									
Full Name of Individual (Last, First, Middle ALKERMES, INC. POLITICAL ACTIO			Date of Receipt						
Mailing Address 852 WINTER STREET			12 11 2017						
City	State	Zip Code	Transaction ID : SA11C.5832						
WALTHAM	MA	02451	Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	C co	0525063	2500.00						
Name of Employer (for Individual)	Occ	upation (for Individual)	Memo Item						
Receipt For:	Aggregate	Year-to-Date ▼							
Primary General	7.99.094.0		1						
Other (specify) ▼	L	2500.00							
Full Name of Individual (Last, First, Middle 3. AMERICAN HEALTH CARE ASSOCIA			Date of Receipt						
Mailing Address PO BOX 75357			M = M / D = D / Y = Y = Y						
	T -		11 20 2017						
City	State	Zip Code	Transaction ID : SA11C.5824						
WASHINGTON	DC	20013	Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	C co	0006080	1000.00						
Name of Employer (for Individual)	Occ	cupation (for Individual)	Memo Item						
Receipt For:	Aggregate	Year-to-Date ▼							
Primary General	00 0		1						
Other (specify) ▼		1000.00							
Full Name of Individual (Last, First, Middle AMERICAN OSTEOPATHIC INFORMATION ASSOCIAT	Initial) or Full C	Organization Name C POLITICAL ACTION COMMITTEE	Date of Receipt						
Mailing Address 1090 VERMONT AVE., NW SUITE 500			12 20 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y						
City WASHINGTON	State DC	Zip Code 20005	Transaction ID : SA11C.5838 Amount of Each Receipt this Period						
rederal political committee.		0113803	1000.00						
		upation (for Individual)	Memo Item						
Receipt For:	Aggregate	Year-to-Date ▼							
Primary General	1.33.034.0		1						
Other (specify)		1000.00							
SUBTOTAL of Receipts This Page (optional).			4500.00						
,		•							

S 17

S	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 9 OF 34							
	EMIZED RECEIPTS		Use separate schedule(s)	(check only one)							
HEWIIZED RECEIPTS			for each category of the Detailed Summary Page	11a 11b X 11c 12							
<u> </u>				13 14 15 16 17							
	ny information copied from such Reports and State for commercial purposes, other than using the										
\setminus	NAME OF COMMITTEE (In Full)										
	Healthcare Freedom Fund										
Α.	Full Name of Individual (Last, First, Middle Initi AMERICAN PSYCHIATRIC ASSOCIATION			Date of Receipt							
Λ.	Mailing Address 800 MAINE AVE SW			M M / D D / Y Y Y Y							
	SUITE 900			09 30 2017							
	City WASHINGTON	State DC	Zip Code	Transaction ID : SA11C.5793							
		100	20024	Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	C co	0373696	1000.00							
	Name of Employer (for Individual)	Occ	cupation (for Individual)	Memo Item							
	Receipt For:	Aggregate	Year-to-Date ▼								
	Primary General	7 1991 09410		1							
	Other (specify) ▼		1000.00								
_	Full Name of Individual (Last, First, Middle Initi AMERICAN SOCIETY FOR CLINICAL LABORATORY SCIENCE										
В.			THOM COMMITTEE (FIX AGMITTAG)	Date of Receipt							
Mailing Address 1861 INTERNATIONAL DR #200			Zin Onda	11 20 2017							
	City TYSONS CORNER	State VA	Zip Code 22102	Transaction ID: SA11C.5826							
	FEC ID number of contributing	—	22102	Amount of Each Receipt this Period							
	federal political committee.	C co	0034645	1000.00							
	Name of Employer (for Individual)	Occ	cupation (for Individual)	Memo Item							
	Receipt For:	Aggregate	Year-to-Date ▼								
	Primary General	33 0		1							
	Other (specify) ▼		1000.00								
С.	Full Name of Individual (Last, First, Middle Initi AMERIPRISE FINANCIAL INC. POLITICAL AC	al) or Full C CTION COM	Organization Name MMITTEE (AMERIPRISEPAC)	Date of Receipt							
	Mailing Address 101 CONSTITUTION AVE. NW SUITE 701B EAST	I		10 05 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y							
	City	State	Zip Code	Transaction ID : SA11C.5803							
	WASHINGTON	DC	20001	Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	C co	0414474	2000.00							
	Name of Employer (for Individual)	Occ	cupation (for Individual)	Memo Item							
	Receipt For:	Aggregate	Year-to-Date ▼								
	Primary General	, iggi ogale		1							
	Other (specify)		2000.00								
5	UBTOTAL of Receipts This Page (optional)			4000.00							

SCHEDULE A (FEC Form	n 3Y)		FOR LINE NUMBER: PAGE 10 OF 34						
•	11 JA)	Use separate schedule(s)	(check only one)						
TEMIZED RECEIPTS		for each category of the	☐ 11a ☐ 11b ※ 11c ☐ 12						
		Detailed Summary Page	13 14 15 16 17						
			erson for the purpose of soliciting contributions to solicit contributions from such committee.						
NAME OF COMMITTEE (In Full)	-								
Healthcare Freedom Fur	nd								
Full Name of Individual (Last, First, ASSOCIATED GENERAL CONTRA			E Date of Receipt						
Mailing Address 2300 WILSON BLV SUITE 300	D.		09 19 2017						
City	State	Zip Code	Transaction ID : SA11C.5777						
ARLINGTON	VA	22201	Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	C cod	0082917	2500.00						
Name of Employer (for Individual)	Occi	upation (for Individual)	Memo Item						
Receipt For:	Aggregate	Year-to-Date ▼							
Primary General	00.0	2500.00							
Other (specify) ▼		2500.00							
Full Name of Individual (Last, First, AT&T INC. FEDERAL POLITIC)			Date of Receipt						
Mailing Address 208 S. AKARD STR		,	12 06 2017						
City	State	Zip Code	Transaction ID : SA11C.5831						
DALLAS	TX	75202	Amount of Each Receipt this Period						
FEC ID number of contributing	C coo	0109017	2000.00						
federal political committee.	0 000	7103017	7						
Name of Employer (for Individual)	Occ	upation (for Individual)	Memo Item						
Receipt For:	Aggregate	Year-to-Date ▼							
Primary General		2000.00							
Other (specify) ▼		2000.00							
Full Name of Individual (Last, First, CITIGROUP INC. POLITICAL ACTION	Middle Initial) or Full ON COMMITTEE - FEDERA	rganization Name L (CITIGROUP PAC-FEDERAL)	Date of Receipt						
Mailing Address 1101 PENNSYLVA	NIA AVENUE NW #1000	0	09 25 2017						
City	State DC	Zip Code	Transaction ID : SA11C.5779						
WASHINGTON	DC	20004	Amount of Each Receipt this Period						
rederal political committee.		0008474	2500.00						
		upation (for Individual)	Memo Item						
Receipt For:	Aggregate	Year-to-Date ▼							
Primary General		2500.00							
Other (specify)		2300.00							
	I		·						
SUBTOTAL of Receipts This Page (o	ptional)	>	7000.00						

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s)	FOR LINE NUMBER: PAGE 11 OF 34 (check only one)							
		for each category of the								
		Detailed Summary Page	11a 11b X 11c 12							
Any information copied from such Reports and sor for commercial purposes, other than using the										
NAME OF COMMITTEE (In Full)										
Healthcare Freedom Fund										
Full Name of Individual (Last, First, Middle In CULAC THE PAC OF CREDIT UNION			Date of Receipt							
Mailing Address 601 PENNSYLVANIA AVENI SOUTH BUILDING, SUITE 6			11 09 2017							
City	State	Zip Code	Transaction ID : SA11C.5821							
WASHINGTON	DC	20004	Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	C co	0007880	1000.00							
Name of Employer (for Individual)	Occ	upation (for Individual)	Memo Item							
Receipt For:	Aggregate	Year-to-Date ▼								
Primary General Other (specify) ▼		1000.00								
Full Name of Individual (Last, First, Middle In FEDERATION OF AMERICAN HO			Date of Receipt							
Mailing Address 750 9TH STREET NW SUITE 600			12 15 2017							
City	State	Zip Code	Transaction ID : SA11C.5835							
WASHINGTON	DC	20001	Amount of Each Receipt this Period							
FEC ID number of contributing	C coo	0002261	5000.00							
federal political committee.	O Col	0002201								
Name of Employer (for Individual)	Occ	upation (for Individual)	Memo Item							
Receipt For:	Aggregate	Year-to-Date ▼								
Primary General			1							
Other (specify) ▼		5000.00	J							
Full Name of Individual (Last, First, Middle In FINANCIAL SERVICES ROUND)	itial) or Full C	rganization Name C	Date of Receipt							
Mailing Address 600 13TH STREET, N.W. SUITE 400			09 29 2017							
City	State	Zip Code	Transaction ID : SA11C.5785							
WASHINGTON	DC	20005	Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	C co	0193177	1000.00							
Name of Employer (for Individual)	Occ	upation (for Individual)	Memo Item							
Receipt For:	Aggregate	Year-to-Date ▼								
Primary General	33. 23		1							
Other (specify)		1000.00								
SUBTOTAL of Receipts This Page (optional)		·····	7000.00							

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS			FOR LINE NUMBER: PAGE 12 OF 34						
		Use separate schedule(s) for each category of the	(check only one)						
I LIVIIZED INCOLII 10		Detailed Summary Page	11a11b X 11c12						
			13 14 15 16 17						
Any information copied from such Reports and or for commercial purposes, other than using			erson for the purpose of soliciting contributions e to solicit contributions from such committee.						
NAME OF COMMITTEE (In Full)									
Healthcare Freedom Fund									
Full Name of Individual (Last, First, Middle A. FMR LLC POLITICAL ACTION COMI	MITTÉE - FED		Date of Receipt						
Mailing Address 200 SEAPORT BOULEVA			11 08 2017						
City BOSTON	State	Zip Code 02210	Transaction ID : SA11C.5819						
FEC ID number of contributing			Amount of Each Receipt this Period						
federal political committee.	C cod	0380550	2000.00						
Name of Employer (for Individual)	Occi	upation (for Individual)	Memo Item						
Receipt For: Primary General	Aggregate	Year-to-Date ▼							
Other (specify) ▼		2000.00							
Full Name of Individual (Last, First, Middle	Initial) or Full O	rganization Name							
3. GROOM LAW GROUP, CHARTER			Date of Receipt						
Mailing Address 1701 PENNSYLVANIA AV	ENUE, NW		10 10 2017						
City	State	Zip Code	Transaction ID : SA11C.5810						
WASHINGTON	DC	20006	Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	C cod	0394775	2000.00						
Name of Employer (for Individual)	Occ	upation (for Individual)	Memo Item						
Receipt For:	Aggregate	Year-to-Date ▼							
Primary General Other (specify) ▼		2000.00							
		4-1-4-1-4-1-4-1-4-1-4-1-4-1-4-1-4-1-4-1	1						
Full Name of Individual (Last, First, Middle GUARDIAN LIFE INSURANCE COMPANY OF AMERIC	INITIAL) OF FUIL O A POLITICAL ACTION	rganization Name N COMMITTEE (GUARDIAN LIFE FEDER	Date of Receipt						
Mailing Address 7 HANOVER SQUARE			10 10 / Y Y Y Y Y Y						
City NEW YORK	State NY	Zip Code 10004	Transaction ID : SA11C.5808 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	C co	0173393	1000.00						
Name of Employer (for Individual)	Occi	upation (for Individual)	Memo Item						
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 1000.00							
SUBTOTAL of Receipts This Page (optional)			5000.00						

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS			FOR LINE NUMBER: PAGE 13 OF 34						
		Use separate schedule(s) for each category of the	(check only one)						
I LIMIZED IXECEII 13		Detailed Summary Page	11a11b X 11c12						
			13 14 15 16 17						
Any information copied from such Reports and St or for commercial purposes, other than using the									
NAME OF COMMITTEE (In Full)									
Healthcare Freedom Fund									
Full Name of Individual (Last, First, Middle Init I.P.H.F.H.A. INC. POLITICAL ACTION C			Date of Receipt						
Mailing Address 7829 E. ROCKHILL #201			07 05 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y						
City	State KS	Zip Code	Transaction ID : SA11C.5771						
WICHITA	NS NS	67206	Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	C cod	0251447	2500.00						
Name of Employer (for Individual)	Оссі	upation (for Individual)	Memo Item						
Receipt For:	Aggregate	Year-to-Date ▼							
Primary General Other (specify) ▼		2500.00							
		4 4							
Full Name of Individual (Last, First, Middle Init INTERNATIONAL FRANCHISE ASSOCIATION FRA			Date of Receipt						
Mailing Address 1900 K STREET NW SUITE 700			10 10 2017						
City	State	Zip Code	Transaction ID : SA11C.5812						
WASHINGTON	DC	20006	Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	C cod	0084491	2500.00						
Name of Employer (for Individual)	Occ	upation (for Individual)	Memo Item						
Receipt For:	Aggregate	Year-to-Date ▼							
Primary General Other (specify) ▼		2500.00							
Other (specify) \		2300.00							
Full Name of Individual (Last, First, Middle Init	ial) or Full O	rganization Name	Date of Receipt						
Mailing Address PO BOX 7244			07 24 2017						
City	State	Zip Code	Transaction ID : SA11C.5775						
LITTLE ROCK	AR	72217	Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	C cod	0623512	2000.00						
Name of Employer (for Individual)	Оссі	upation (for Individual)	Memo Item						
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 2000.00							
SUBTOTAL of Receipts This Page (optional)		·····	7000.00						

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04	CHEDITE V (EEC Earm 3V)				Τ-)	0-	24
	CHEDULE A (FEC Form 3X)	Use separate schedule(s)					FOR LINE NUMBER: PAGE 14 OF 34 (check only one)						
IT	EMIZED RECEIPTS			for each category of the			11a 11b X 11c 12						
			Detailed	Summary Page			13	-	14	15	16		17
	ny information copied from such Reports and Sta for commercial purposes, other than using the									of solicitin	g contrib		
	NAME OF COMMITTEE (In Full)												
$ \rangle$	Healthcare Freedom Fund												
Α.	Full Name of Individual (Last, First, Middle Initia MASSACHUSETTS MUTUAL LIFE INSURANCE C					С	Date o	of Rec	ceipt				
	Mailing Address 1295 STATE STREET						09	/	30		2017	Y	
	City	State	Zip Co				Trans	sactio	on ID	: SA11C.	.5795		
	SPRINGFIELD	MA	0111	1	_	Α	moun	nt of E	Each	Receipt t	his Perio	od	
	FEC ID number of contributing federal political committee.	C co	0118943						,	-		0.00	
	Name of Employer (for Individual)	Occ	upation (for	Individual)			M	1emo	Item				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date	3000.00									
— В.	Full Name of Individual (Last, First, Middle Initian NATIONAL ELECTRICAL CONTRACTORS ASSOCIATION						Date o	of Rec	ceint				
٥.	Mailing Address 3 BETHESDA METRO CENTER SUITE 1100	₹					M = M 12		15		2017	■ Y	
	City	State	Zip Co	de			Trans	sactio	on ID	: SA11C.	5836		
	BETHESDA	MD	20814	ļ						Receipt t		od	
	FEC ID number of contributing federal political committee.	C co	0113811							7	500	0.00	
	Name of Employer (for Individual)	Occ	cupation (for	Individual)			M	1emo	Item				
	Receipt For:	Aggregate	Year-to-Date	e ▼									
	Primary General Other (specify) ▼		4	5000.00									
— С.	Full Name of Individual (Last, First, Middle Initia NEW YORK LIFE INSURANCE COMPA	al) or Full C	Organization	Name TION COMMITTE	F		Date o	of Boo	noint				
C.	Mailing Address 51 MADISON AVENUE ROOM 1109		110/12/10		_	Γ	м = м 09		25 25		2017	- Y	
	City NEW YORK	State NY	Zip Coo 10010			A				: SA11C . Receipt t		od	
	FEC ID number of contributing federal political committee.	C co	0158881				_		,			0.00	
	Name of Employer (for Individual)	Occ	upation (for	Individual)			M	1emo	Item				
	Receipt For: Primary General	Aggregate	Year-to-Date	e ▼									
	Other (specify)		7	500.00									
5	SUBTOTAL of Receipts This Page (optional)				<u> </u>				,		850	0.00	

SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 15 OF 34 (check only one)					
TEMIZED RECEIPTS		for each category of the Detailed Summary Page	11a 11b X 11c 12					
		Dotailor Gaillinary Lago	13 14 15 16 17					
			erson for the purpose of soliciting contributions e to solicit contributions from such committee.					
NAME OF COMMITTEE (In Full) Healthcare Freedom Fund		2.						
/aaaaaaaaaaa								
Full Name of Individual (Last, First, Middan, OPPENHEIMERFUNDS, INC. POL	dle Initial) or Full O LITICAL ACTION	rganization Name COMMITTEE	Date of Receipt					
Mailing Address 1295 STATE STREET	la: .		09 30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y					
City SPRINGFIELD	State MA	Zip Code 01111	Transaction ID : SA11C.5797					
		01111	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C cod	0367920	2000.00					
Name of Employer (for Individual)	Occi	upation (for Individual)	Memo Item					
Receipt For:	Aggregate	Year-to-Date ▼						
Primary General Other (specify) ▼		2000.00	1					
Other (specify)		2000.00	1					
Full Name of Individual (Last, First, Mide PHARMACEUTICAL RESEARCH & MANUFACT			Date of Receipt					
Mailing Address 950 F STREET, NW			M = M / D = D / Y = Y = Y					
SUITE 300 City	State	Zip Code	10 05 2017					
WASHINGTON	DC	20004	Transaction ID : SA11C.5804 Amount of Each Receipt this Period					
FEC ID number of contributing								
federal political committee.	C cod	0021972	500.00					
Name of Employer (for Individual)	Occ	upation (for Individual)	Memo Item					
Receipt For:	Aggregate	Year-to-Date ▼						
Primary General	11.		1					
Other (specify) ▼		500.00	J.					
Full Name of Individual (Last, First, Mide. RITE AID CORPORATION P		rganization Name	Date of Receipt					
Mailing Address 30 HUNTER LANE			11 27 2017					
City	State PA	Zip Code	Transaction ID : SA11C.5828					
CAMP HILL	PA	17011	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C co	0104083	1000.00					
Name of Employer (for Individual)	Occi	upation (for Individual)	Memo Item					
Receipt For:	Aggregate	Year-to-Date ▼						
Other (specify) General		1000.00	1					
		7 7 7	1					
SUBTOTAL of Receipts This Page (option	nal))	3500.00					
TOTAL This Period (last page this line nu	mber only)							
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SCHEDULE A (FEC Form 3X)	CHEDULE A (FEC Form 3X)		FOP	FOR LINE NUMBER: PAGE 16 OF 34						
TEMIZED RECEIPTS		Use separate schedule(s)		ck only			1.	TAGE	10 01	
IEMIZED RECEIPTS		for each category of the		11a		, 11b	X	11c	12	
		Detailed Summary Page		13	Н	14	\Box	15	16	17
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NAME OF COMMITTEE (In Full)										
Healthcare Freedom Fund										
Full Name of Individual (Last, First, Middle Initi A. SPINE PAC OF THE NATIONAL ASSOCIATION			D	ate of	Red	ceipt				
Mailing Address 7075 VETERANS BLVD.				м м 07	/	14	_	/ Y	2017	Y
City	State	Zip Code						11C.57		
BURR RIDGE	IL	60527	A	mount	of I	Each	Rec	eipt this	Period	
FEC ID number of contributing federal political committee.	C cod	0349225				,		7	4000.0	0
Name of Employer (for Individual)	Оссі	upation (for Individual)	7	Me	emo	Item				
Receipt For:	Aggregate	Year-to-Date ▼								
Primary General Other (specify) ▼		5000.00	1							
		7 7	4							
Full Name of Individual (Last, First, Middle Initial TEXTRON INC. POLITICAL ACTION			D	ate of	Red	ceipt				
Mailing Address 40 WESTMINSTER STREET			ПΓ	м = м	/	25		/ Y	2017	Y
City	State	Zip Code	7 5		actio			11C.57		
PROVIDENCE	RI	02903						eipt this		
FEC ID number of contributing	C cod	0123612	Ιг			-	_		1000.0	0
federal political committee.	0 000	7120012	_	7					100010	
Name of Employer (for Individual)	Occ	upation (for Individual)		Me	emo	Item				
Receipt For:	Aggregate	Year-to-Date ▼								
Primary General Other (specify) ▼		1000.00	1							
		4 4								
Full Name of Individual (Last, First, Middle Initiating The AMERICAN SOCIETY OF PENSION PROFESSIONALS	al) or Full O AND ACTUARIE	rganization Name ES POLITICAL ACTION COMMITTEE (AS	D	ate of	Red	ceipt				
Mailing Address 4245 N. FAIRFAX DRIVE				м = м 11	/	10	_		2017	Y
City	State	Zip Code		Trans	acti	on ID	: SA	11C.58	23	
ARLINGTON FEO. ID acceptable of a captillation	VA	22202	A	mount	of I	Each	Rec	eipt this	Period	
FEC ID number of contributing federal political committee.	C cod	0333104	إ		_	,	_		1000.0	0
Name of Employer (for Individual)	Occi	upation (for Individual)	7 L	Me	emo	Item				
Receipt For:	Aggregate	Year-to-Date ▼								
Primary General Other (specify)		1000.00	1							
(4- 4- 4- 1	4							
SUBTOTAL of Receipts This Page (optional)			<u> </u>				-		6000.0	0
TITLE OF HOSSIPES THIS Fago (optional)						,	-	-	\Rightarrow	==

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS Any information copied from such Reports and Statements may		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 17 OF 34 (check only one) 11a
or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) Healthcare Freedom Fund			
Full Name of Individual (Last, First, Middle Initiate AMERICAN SOCIETY OF PENSION PROFESSIONALS AT Mailing Address 4245 N. FAIRFAX DRIVE City ARLINGTON FEC ID number of contributing federal political committee. Name of Employer (for Individual) Receipt For: Primary General Other (specify)	State VA C C003	Zip Code 22202 333104 pation (for Individual) /ear-to-Date ▼ 2000.00	Date of Receipt 12
Full Name of Individual (Last, First, Middle Init THE HOME DEPOT INC. POLITICA Mailing Address 1155 F STREET, NW SUITE 400 City WASHINGTON FEC ID number of contributing federal political committee. Name of Employer (for Individual) Receipt For: Primary General Other (specify)	State DC C002		Date of Receipt 12 20 2017 Transaction ID : SA11C.5840 Amount of Each Receipt this Period 5000.00 Memo Item
Full Name of Individual (Last, First, Middle Init THE VANGUARD GROUP COMMITTEE Mailing Address 975 F STREET NW SUITE 500 City WASHINGTON FEC ID number of contributing federal political committee. Name of Employer (for Individual) Receipt For: Primary General Other (specify)	State DC C004		Date of Receipt M M M / D B / 2017 Transaction ID : SA11C.5801 Amount of Each Receipt this Period 2000.00 Memo Item
SUBTOTAL of Receipts This Page (optional)		>	8000.00
TOTAL This Period (last page this line number	only)		

S	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 18 OF 34				
	EMIZED RECEIPTS		Use separate schedule(s) for each category of the	(check only one)				
• •	LWIZED RECEII 10		Detailed Summary Page	11a 11b X 11c 12				
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	y information copied from such Reports and Star for commercial purposes, other than using the n							
	NAME OF COMMITTEE (In Full)							
	Healthcare Freedom Fund							
Α.	Full Name of Individual (Last, First, Middle Initia UBS AMERICAS INC. POLITICAL ACTIO			Date of Receipt				
	Mailing Address 600 WASHINGTON BOULEVAR	RD		M = M / D = D / Y = Y = Y = Y				
	C/O PER DYRVIK City	State	Zip Code	09 30 2017 Transaction ID : SA11C.5799				
	STAMFORD	CT	06901	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	C co	0012245	5000.00				
	Name of Employer (for Individual)	Occ	upation (for Individual)	Memo Item				
		Aggregate	Year-to-Date ▼					
	Primary General Other (specify) ▼	· · ·	5000.00					
	Other (specify)		7 7 7					
В.	Full Name of Individual (Last, First, Middle Initia VOYA FINANCIAL, INC., POLITICAL ACTION			Date of Receipt				
	Mailing Address 230 PARK AVENUE C/O CHIEF LEGAL OFFICER			10 11 2017				
	City	State	Zip Code	Transaction ID : SA11C.5814				
	NEW YORK	NY	10169	Amount of Each Receipt this Period				
	FEC ID number of contributing	C cod	0184028	1000.00				
	federal political committee.	0 00	7101020					
	Name of Employer (for Individual)	Occ	upation (for Individual)	Memo Item				
	Receipt For:	Aggregate	Year-to-Date ▼					
	Primary General	riggrogato	Tour to Bate .					
	Other (specify) ▼		1000.00					
С .	Full Name of Individual (Last, First, Middle Initia	l) or Full C	Organization Name	Date of Receipt				
	Mailing Address			M = M / D = D / Y = Y = Y				
	City	State	Zip Code					
	<u> </u>		·	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	С						
	Name of Employer (for Individual)	Occ	upation (for Individual)	Memo Item				
	Receipt For:	Aggregate	Year-to-Date ▼					
	Primary General Other (specify)							
	Strict (specify)							
s	UBTOTAL of Receipts This Page (optional)		·····	6000.00				

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SCHEDULE B (FEC Form 3X)			FOR LINE NUMBER: PAGE 19 OF			
ITEMIZED DISBURSEMENTS		parate schedule(s) h category of the	(6110011 01	(check only one)		
		d Summary Page	211		23	26 27 29 30b
[288		28c	
Any information copied from such Reports and Sta or for commercial purposes, other than using the r						
NAME OF COMMITTEE (In Full)						
Healthcare Freedom Fund						
Full Name (Last, First, Middle Initial)						
A. AMERICAN EXPRESS				Date of I	Disbursem	/ Y Y Y Y Y
Mailing Address PO BOX 1270				11	01	2017
City NEWARK	State NJ	Zip Code 07101		FEC Ide	ntification	Number
Purpose of Disbursement	INJ	07101				
Credit Card Payment				C		
Candidate Name			Category/			D: SB21B.5850 Disbursement this Period
			Type	Amount	л Lacii D	visbursement this Feriou
Office Sought: House Disbur	sement For:			11		2542.47
Senate	Primary	General			,	,
State: District:	Other (sp	pecify) 🔻		Mem	o Item	
State: District: Full Name (Last, First, Middle Initial)				+		
B. Hermitage Hotel				Date of I	Disbursem	nent
- Hellillage Hotel				M M	/ D D	
Mailing Address 231 6th Ave N				10	29	1.1
City	State	Zip Code		FFC Idea	ntification	Number
Nashville	TN	37219				
Purpose of Disbursement Lodging			002	C		
Candidate Name						D: SB21B.5850.0 Disbursement this Period
			Category/ Type	Amount	JI Each D	isbursement this Penod
Office Sought: House Disbur	sement For:	I	7.	1 I 🗀		1199.44
Senate	Primary	General				
President	Other (sp	ecify)		X Mem	o Item	
State: District:						
Full Name (Last, First, Middle Initial) C. Nashville Armory				Date of I	Disbursem	nent
Mailing Address 4290 Kenilwood Drive				10	28	2017
City	State	Zip Code				
Nashville	TN	37204		FEC Ide	ntification	Number
Purpose of Disbursement				С		
Event Entertainment			003		saction I	D : SB21B.5850.
Candidate Name			Category/	Amount	of Each D	isbursement this Period
Office Sought: House Disbur	noment Ferr		Туре			1295.72
Senate Disbut	sement For: Primary	General			7	1233.72
President	Other (sp			V		
State: District:		· - 3 / · · · ·		X Mem	o Item	
SUBTOTAL of Disbursements This Page (optiona	l)			<u>L</u>	7	2542.47
TOTAL This Period (last page this line number or	ılv)			1 .		

SCHEDULE B (FEC Form 3X)			FOR LI	FOR LINE NUMBER: PAGE 20 OF			
ITEMIZED DISBURSEMENTS		parate schedule(s) category of the	I `	(check only one)			
		Summary Page		1b 22	23	26 27	
[8a 28b	28c	29 30b	
Any information copied from such Reports and State or for commercial purposes, other than using the national state of the							
NAME OF COMMITTEE (In Full)							
Healthcare Freedom Fund							
Full Name (Last, First, Middle Initial)				Dete	. f. Diala		
A. AMERICAN EXPRESS				Date	of Disburse		
Mailing Address PO BOX 1270				11	2	7 2017	
City NEWARK	State NJ	Zip Code 07101		FEC I	dentificatio	n Number	
Purpose of Disbursement				С			
Credit Card Payment					ansaction	ID : SB21B.5854	
Candidate Name			Category/			Disbursement this Period	
Office Sought: House Disburse	ment For:		Type	$+$ \square		2757.84	
Senate	Primary	General			7	7 7	
President State: District:	Other (spe	ecify) ▼		М	emo Item		
Full Name (Last, First, Middle Initial)				+			
B. Capitol Hill Club				Date of	of Disburse	ement	
				M = N	/ D	D / Y Y Y Y	
Mailing Address 300 1st Street SE				11	2	2017	
City	State DC	Zip Code		FEC I	dentification	n Number	
Washington Purpose of Disbursement	DC	20003					
Food/Beverage			003		on o o o ti o n	ID : SB21B.5854.0	
Candidate Name			Category/			Disbursement this Period	
Office Country			Type			2757.04	
Office Sought: House Disburse Senate	ment For: Primary	General				2757.84	
President	Other (spe			V			
State: District:	``			X M	emo Item		
Full Name (Last, First, Middle Initial)							
C. AMERICAN EXPRESS					of Disburse		
Mailing Address PO BOX 1270				12		1 2017	
City	State	Zip Code		EEC I	dentification	n Numbor	
NEWARK	NJ	07101			u e nuncau0	II INUITIDEI	
Purpose of Disbursement Credit Card Payment					roncostion	ID : SB21B.5855	
Candidate Name			Category/			Disbursement this Period	
Office Sought: House Disburse	ment For:		Type	\dashv \sqcap		2311.10	
Senate	Primary	General			7	4	
President	Other (spe	ecify) 🔻			emo Item		
State: District:					Cino itom		
SUBTOTAL of Disbursements This Page (optional).						5068.94	
COLUMN TITO I AGO (OPHONAI).				-	-	7 7	
TOTAL This Period (last page this line number only	·)						

SCHEDULE B (FEC Form 3X)			FOR LINE NUMBER: PAGE 21 OF				
ITEMIZED DISBURSEMENTS		parate schedule(s) h category of the	(oricon oring	(check only one)			
		d Summary Page	X 21b 28a	22 28b	23 26 27 28c 29 30b		
Any information copied from such Reports and Sta	tements may	not be sold or us					
or for commercial purposes, other than using the n							
NAME OF COMMITTEE (In Full)							
Healthcare Freedom Fund							
Full Name (Last, First, Middle Initial)				D . (D)			
A. Trattoria Alberto					sbursement		
Mailing Address 506 8th Street SE				12	06 2017		
City	State	Zip Code		FEC Identi	fication Number		
Washington	DC	20003					
Purpose of Disbursement Food/Beverage			003	C			
Candidate Name					action ID: SB21B.5855.(Each Disbursement this Period		
			Category/ Type	Amount of	Lacii Dispuisement this i enou		
	sement For:				2311.10		
Senate President	Primary Other (en	General					
State: District:	Other (sp	Jecny) 🔻		✗ Memo	Item		
Full Name (Last, First, Middle Initial)							
B. BB&T				Date of Dis	sbursement		
Mailing Address PO Box 200				07	12 2017		
City	State	Zip Code		FEC Identi	fication Number		
Wilson Purpose of Disbursement	NC	27894-0200		C			
Credit Card Payment					action ID : SB21B.5841		
Candidate Name			Category/		Each Disbursement this Period		
Office Sought: House Disburs	sement For:		Type		2752.54		
Senate	Primary	General					
President State: District:	Other (sp	ecify)		Memo	Item		
Full Name (Last, First, Middle Initial)							
C. Ristorante Tosca				Date of Dis	sbursement		
Mailing Address 1112 F Street NW				06	07 2017		
City	State	Zip Code		FFC Identif	fication Number		
Washington	DC	20004			TOURIST TUITISOT		
Purpose of Disbursement Food/Beverage			003	C	action ID : SB21B.5841.		
Candidate Name			Category/ Type		Each Disbursement this Period		
Office Sought: House Disburs	sement For:		1900		520.00		
Senate	Primary	General			y 4		
President	Other (sp	ecify) ▼		X Memo	Item		
State: District:				П			
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SCHEDULE B (FEC Form 3X)			FOR LINE	FOR LINE NUMBER: PAGE 22 OF			
ITEMIZED DISBURSEMENTS		arate schedule(s) category of the	ı ` —	(check only one)			
		Summary Page	X 21b		23 26 27		
[1		28a		28c 29 30b		
Any information copied from such Reports and State or for commercial purposes, other than using the na							
NAME OF COMMITTEE (In Full)							
Healthcare Freedom Fund							
Full Name (Last, First, Middle Initial)							
A. American Airlines				M = M	Disbursement / P P / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
Mailing Address 4333 Amon Carter Boulevard MD 567				06	16 2017		
City	State TX	Zip Code		FEC Iden	tification Number		
Fort Worth Purpose of Disbursement	17	76155					
Airfare			002	C			
Candidate Name					saction ID: SB21B.5841.2 of Each Disbursement this Period		
			Category/ Type	Amount	T Lacif Disbursement this Period		
Office Sought: House Disburse	ment For:	l_		11	502.20		
Senate	Primary	General			, , , , , , , , , , , , , , , , , , , ,		
President	Other (spe	ecify) 🔻		✗ Memo	o Item		
State: District:							
Full Name (Last, First, Middle Initial)				Date of D	Disbursement		
B. Capitol Hill Club							
Mailing Address 300 1st Street SE				06	15 2017		
City	State	Zip Code		FFC Iden	tification Number		
Washington	DC	20003					
Purpose of Disbursement Food/Beverages			003	C			
Candidate Name					saction ID : SB21B.5841.3		
			Category/ Type	Amount o	of Each Disbursement this Period		
Office Sought: House Disburse	ment For:	l l	71	11:::	1430.35		
Senate	Primary	General			7 1 7 1 4 1		
President	Other (spe	ecify)		X Memo	o Item		
State: District:							
Full Name (Last, First, Middle Initial) C. Embassy Suites Hotels				Date of D	Disbursement		
Mailing Address 3303 Pinnacle Hills Parkway				06	21 / 2017		
City	State	Zip Code					
Rogers	AR	72758		FEC Iden	tification Number		
Purpose of Disbursement				С			
Lodging Candidate Name			002 Category/	Trans	saction ID : SB21B.5841. of Each Disbursement this Period		
			Type		 		
	ement For:				292.84		
Senate	Primary	General					
State: President	Other (spe	ecity) 🔻		X Memo	o Item		
District.							
SUBTOTAL of Disbursements This Page (optional).			·····		0.00		
TOTAL This Period (last page this line number only	٨						

SCHEDULE B (FEC Form 3X)	Use separate schedule(s)	FOR LINE (check only	No.
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	21b 28a	22 23 26 27 28b 28c 29 30b
Any information copied from such Reports and Statem or for commercial purposes, other than using the name			
NAME OF COMMITTEE (In Full) Healthcare Freedom Fund	The state of the political state of the stat		
Full Name (Last, First, Middle Initial) A. BB&T			Date of Disbursement
Mailing Address PO Box 200			07 31 2017
Wilson	State Zip Code NC 27894-0200		FEC Identification Number
Purpose of Disbursement Credit Card Payment Candidate Name		Category/	Transaction ID : SB21B.5842 Amount of Each Disbursement this Period
	nent For: Primary General Other (specify) ▼	Туре	2236.81 Memo Item
State: District:			Wello Relli
Full Name (Last, First, Middle Initial) B. American Airlines			Date of Disbursement
Mailing Address 4333 Amon Carter Boulevard MD 567			07 14 2017
,	State Zip Code TX 76155	002	FEC Identification Number
Candidate Name		Category/ Type	Transaction ID: SB21B.5842.0 Amount of Each Disbursement this Period
President	nent For: Primary General Other (specify)		557.31 X Memo Item
State: District: Full Name (Last, First, Middle Initial)			
C. Capitol Hill Club			Date of Disbursement
Mailing Address 300 1st Street SE			07 17 2017
,	State Zip Code DC 20003		FEC Identification Number
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SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS		arate schedule(s) category of the	(check only						
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NAME OF COMMITTEE (In Full) Healthcare Freedom Fund									
Full Name (Last, First, Middle Initial) A. BB&T				Date of Disbursement					
Mailing Address PO Box 200				11 09 2017					
Wilson	State NC	Zip Code 27894-0200		FEC Identification Number					
Purpose of Disbursement Credit Card Payment Candidate Name		[Transaction ID : SB21B.5851					
	ment For:		Category/ Type	Amount of Each Disbursement this Period 3668.05					
Senate President	Primary Other (spec	General cify) ▼		Memo Item					
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	State	Zip Code							
Old Hickory Purpose of Disbursement Event Entertainment	TN	37138	003	FEC Identification Number					
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Office Sought: House Senate President State: Disburser	ment For: Primary Other (spec	General		581.21 X Memo Item					
Full Name (Last, First, Middle Initial) C- Hertz Rent-A-Car				Date of Disbursement					
Mailing Address PO Box 26120				10 29 2017					
Oklahoma City	State OK	Zip Code 73126		FEC Identification Number					
Purpose of Disbursement Transporation Candidate Name		[002 Category/ Type	Transaction ID: SB21B.5851. Amount of Each Disbursement this Period					
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Full Name (Last, First, Middle Initial)								
Hermitage Hotel			Date of Disbursement					
Mailing Address 231 6th Ave N			11 03 2017					
City Nashville	State Zip Code TN 37219		FEC Identification Number					
Purpose of Disbursement Lodging Candidate Name		002	Transaction ID : SB21B.5851.4					
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Full Name (Last, First, Middle Initial) 3. BB&T			Date of Disbursement					
Mailing Address PO Box 200			12 / 11 / 2017					
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Purpose of Disbursement Credit Card Payment Candidate Name		Category/	Transaction ID : SB21B.5856 Amount of Each Disbursement this Period					
Senate	ement For: Primary General	Туре	3195.17					
State: President District:	Other (specify)		Memo Item					
Full Name (Last, First, Middle Initial) C. Trattoria Alberto			Date of Disbursement					
Mailing Address 506 8th Street SE			11 29 2017					
City Washington	State Zip Code DC 20003		FEC Identification Number					
Purpose of Disbursement Food/Beverage Candidate Name		003	Transaction ID : SB21B.5856.					
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Detailed Summary Page 28 28	ITEMIZED DISBURSEMENTS			I `								
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NAME OF COMMITTEE (In Full) Healthcare Freedom Fund											
Healthcare Freedom Fund											
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A. NRCC											
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